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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 520.43063X00	
		First Inventor NOJIMA, HIROSHI	
		Title STORAGE OPERATION MANAGEMENT SYSTEM	
		Express Mail Label No.	

APPLICATION ELEMENTS SEE MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
 (Submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.
 See 37 CFR 1.27.

3. ☒ Specification [Total Pages: **39**]
 (preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Pages: **11**]

5. Oath or Declaration [Total Pages: **_____**]

a. ☐ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR 1.63 (d))
 (for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s)
 Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Credit Card Payment Form, Figs. 1-11</p>	

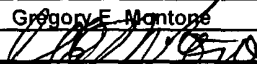
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner: _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number 020457		OR <input type="checkbox"/> Correspondence address below	
Name ANTONELLI, TERRY, STOUT & KRAUS, LLP			
Address _____			
City _____	State _____	Zip Code _____	
Country _____	Telephone (703) 312-6600	Fax (703) 312-6666	
Name Gregory E. Montone	Registration No. (Attorney/Agent) 28,141		
Signature 	Date August 28, 2003		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 03970 U.S. PTO
 10/649635
 08/28/03

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>				Complete if Known																																																																																																																																																																																																																																							
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<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 01-2135 Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP The Commissioner authorized to: (check all that apply) <input type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.				NOJIMA, HIROSHI		520.43063X00																																																																																																																																																																																																																																					
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1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																																																																							
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																																																																							
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																																																																							
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Name (Print/Type)		Registration No. (Attorney/Agent)		Telephone		Date																																																																																																																																																																																																																																					
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